VERMONT
DEPARTMENT OF HEALTH

Understanding the Minimum Legal Drinking Age (MLDA)

The minimum legal drinking age is the most well studied alcohol policy in the United States. Several important peer-reviewed studies support maintaining the MLDA-21 because of the significant health and social consequences associated with late adolescent drinking, including personal negative consequences for the individual as well as secondary social and potential public health costs for others in the community. The latest summary of all this research by Dejong & Blanchette is titled "Case Closed: Research Evidence on the Positive Public Health Impact of the Age 21 Minimum Legal Drinking Age in the United States."

HEALTH AND SOCIAL PROBLEMS

- A review of 40 years of literature (1960 to 2000) by Wagenaar and Toomey (also cited by DeJong & Blanchette, 2014) on the effects of minimum legal drinking age concluded higher legal drinking ages reduces alcohol consumption, and higher legal drinking ages reduce rates of traffic crashes.

- Repeated exposure to alcohol during adolescent years may lead to deficits in cognitive abilities including learning and memory. Very high levels of consumption during late adolescence are highly predictive of downward social drift and subsequent alcohol-related problems later in life.

- Evidence suggests that heavy drinking during adolescence and young adulthood is associated with poorer neurocognitive functioning during the young adult years, and particularly with impairment of attention and visuospatial skills. This is important because a large portion of the young adult population drinks at potentially harmful levels.

- Brain imaging studies have shown that heavy use during adolescence and young adulthood can lead to subtle but significant abnormalities in brain structure and function. In addition, these changes in the brain may not be completely reversible even if drinking is stopped. That is, subtle, but potentially permanent damage may occur as a result of early-onset heavy drinking. These effects may not show themselves completely for several years.

- Among adolescents aged 12-20 in Vermont, 33% report any alcohol consumption in the past 30 days and 21% report binge drinking[1] in the past 30 days (NSDUH, 2011-2012). This compares to 33% and 24% respectively for drinking and binge drinking 2003-2004 (NSDUH).

- Among college students nationwide, 14% report consuming 5 or more drinks on at least 5 different occasions in the past month (NSDUH, 2012). This is a drop from 19% in 2006.

- Youth who begin drinking alcohol before the age of 15 are five times more likely to develop alcohol problems than those who start after age 21 (The NSDUH Report, 10/22/04).

- The Health Department has closely tracked drinking rates through the Youth Risk Behavior Survey:
    - Alcohol use by 12th graders dropped from 56% in 2003 to 47% in 2013.
    - Alcohol use by 8th graders dropped from 21% in 2003 to 11% in 2013.
    - Older students binge drink (more than 5 drinks) more than younger students.
    - 26% of 12th graders binge drink in 2003 compared to 19% in 2013.
    - 9% of 8th graders binge drink in 2003 compared to 8% in 2013.

[1] **Binge drinking**
Binge drinking means drinking so much within about 2 hours that blood alcohol concentration (BAC) levels reach 0.08g/dL. For women, this usually occurs after about 4 drinks, and for men, after about 5. Drinking this way can pose health and safety risks, including car crashes and injuries. Over the long term, binge drinking can damage the liver and other organs. (Source: National Institute on Alcohol Abuse and Alcoholism)

- Lowering the drinking age may have unintended negative "trickle-down" effects on even younger adolescents. In one study when the MLDA was lowered to 18, alcohol-involved traffic crash injuries significantly increased for the 18-20 year old group AND the 15-17 year old group.

- The bottom line is that a higher legal drinking age reduces alcohol consumption and associated adverse consequences (Dejong & Blanchette, 2014).

INJURY AND DEATH RATES

- Lowering the MLDA age back to 18 will lead to an increase in traffic-related injury and fatality rates (based on international data, see New Zealand example). In addition, non-traffic injury and death rates will also increase.

- As of 2010, the MLDA-21 policy has saved an estimated 28,230 lives from traffic fatalities nationwide since 1975 according to National Highway Traffic Safety Administration (NHTSA).

- In 1982 60% of traffic fatalities (nationally) were alcohol related, compared to 39% in 2013 (NHTSA).

- Compared to states with MLDA-21, those states that lowered the MLDA to 18 (in the 1970s and early 1980s) reported significantly more alcohol-related crashes, alcohol-related motor vehicle fatalities, alcohol-related property crime in 15-20 year olds, but there was little to no increase among age 21+.

INTERNATIONAL DATA

- Consumption and binge rates are significantly higher in European countries where the MLDA is as low as 16.

- In 1999 New Zealand lowered the MLDA from 20 to 18, which provided the opportunity for a "natural" experiment. It allowed comparisons of relevant variables for specific age groups before and after the MLDA was lowered. The result was a large increase in alcohol-related crash injuries among 18-19 year-olds.

- The notion that European youths consume alcohol more responsibly because they are introduced to drinking at an early age is not supported by the evidence.

FEDERAL FUNDS

- State requests for Federal waivers from this requirement, if granted, would establish unequal drinking ages across states. This may result in border zones where purchase and consumption of alcohol by 18-20 year olds would likely be created. History has shown that different MLDAs in adjacent geographic areas can be very dangerous.

- While states constitutionally have the right to establish their individual MLDAs, all currently comply with the Federal standard of 21.

- Based on fiscal year 2014, the penalty for Vermont to have its drinking age under 21 could result in a loss of as much as $19.5 million in federal funds, according to the National Highway Traffic Safety Administration.

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